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**Discus Dental  
Impressions**

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# Fax

<b>To:</b>	Amendments/Commissioner for Patents	<b>From:</b>	Dr. Nancy Quan for Discus Dental
<b>Fax:</b>	571-273-8300	<b>Pages:</b>	16
<b>Phone:</b>		<b>Date:</b>	1/15/2007
<b>Re:</b>	Response to OA/Terminal Disclaimer	<b>CC:</b>	

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Appln No. 11/797,631

JAN 15 2007

Customer NO.: 53,096

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: YARBOROUGH, David      Examiner: MANAHAN, Todd E.  
K.

Serial No.: 10/797,631      Group Art Unit: 3732  
Filed: March 10, 2004      Docket No.: P1072US07  
Title: Method for Whitening Teeth

CERTIFICATE UNDER 37 C.F.R. 1.8a:

Date of Transmittal:

The undersigned hereby certifies that this Transmittal as described herein, are being transmitted to the United States Patent and Trademark Office pursuant to 37 CFR 1.8a to Facsimile Number: 571-273-8300.

Date:

By:

  
Ryan Gonzalez

Mail Stop: Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, CA 22313-1450

TRANSMITTAL LETTER

Dear Sir/Madam:

Enclosed herewith are the following for the above-caption application:

1. 2 Copies of Form PTO SB/17 Transmittal for Fees
2. Amendment and Response Under 37 CFR § 1.113 (11 pgs.)
3. Terminal Disclaimer (2 pgs.)

JAN 15 2007

PAGE 3/17 : RCVD AT 1/15/2007 10:02:45 PM [Eastern Standard Time] : SVR:USPTO-EFAXF-3/3 : DNIS:2738300 : CSID: : DURATION (mm:ss):04:32

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL** For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

## **Complete if Known**

Application Number 10/797,631  
Filing Date March 10, 2004  
First Named Inventor Yarborough, David K  
Examiner Name MANAHAN, Todd  
Art Unit 3732  
Attorney Docket No. P1072US07

## **METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 53096 Deposit Account Name: Discus Dental Impressions
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

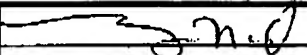
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee per 37 CFR 1.20 (d) \$130.00

## **SUBMITTED BY**

Signature  Registration No. 36,248 Telephone (310) 845-8501  
(Attorney/Agent)  
Name (Print/Type) Nancy N. Quan for Discus Dental Impressions Inc. Date 01-15-2007

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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